

Important Notice from the Lake County Board of County of Commissioners About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lake County Board of County Commissioners – Employee Health Benefit Plan and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lake County Board of County Commissioners (LCBCC) has determined that the prescription drug coverage offered by LCBCC – Employee Health Benefit Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop LCBCC – Employee Health Benefit Plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

For additional information about LCBCC's drug plan for the 2006-2007 plan year, please visit BlueCross Blue Shield's website at www.BCBSFL.com. The medical plans offered are the BlueCare (HMO - Open Access) and BlueChoice (PPO).

Prescription Drugs	
Retail (One month)	
Generic Drugs	\$ 15 Copay
Preferred Brand Drugs	\$ 25 Copay
Non-Preferred Brand Drugs	\$ 40 Copay
Mail Order (90 days)	
Generic Drugs	\$ 30 Copay
Preferred Brand Drugs	\$ 50 Copay
Non-Preferred Brand Drugs	\$ 80 Copay

If you drop your current coverage with LCBCC – Employee Health Benefit Plan and enroll in a Medicare prescription drug coverage, you may (if you are a current LCBCC employee) or may not (if you are a retiree or COBRA member) be able to enroll back into the LCBCC - Employee Health Plan during the open enrollment period under the LCBCC Employee Health Plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependent will still be eligible to receive all your current health and prescription drug benefits.

Please contact the Office of Employee Services for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with LCBCC – Employee Health Benefit Plan and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your prescription drug coverage through LCBCC...

Please contact the Office of Employee Services at 352.343.9596. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through LCBCC – Employee Health Benefit Plan changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

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